I. Latent carcinoma of the vertebra (involving the body).

II. Carcinoma of the vertebra causing compression of the cord; posterior root symptoms absent, or of trifling significance.

III. Carcinoma of the vertebra causing persistent agonizing pains. These cases are often produced by the malignant growth, forcing its way through the intervertebral foramina from the thoracic or abdominal cavities. The spinal deformity in carcinoma is usually a curvature *grande courboure* in contradistinction to the gibbus of Pott's disease.

The author, in conclusion, refers to the views, old and new, which have been held in regard to the cord changes produced by compression. The ischemic softening of Tripier. The transverse myelitis of Charcot, with secondary degenerations. The frank inflammation of Leyden. The stasis of lymph and cerebrospinal fluid of Schtscherbach and Rosenbach. The local edema which may be mechanical or inflammatory or both, producing a softening terminating in sclerosis as suggested by Schumans, who admits that myelitis may develop by a direct extension from the neoplasm. In these cases of malignant disease of the spine with severe pains, Prof. Raymond believes a palliative operation has ample justification, notwithstanding the absolutely fatal prognosis.

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Revue Neurologique.

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1. Two Histological Aspects of Tuberculous Ventricular Ependymitis. D. ANGLADE.
2. Destruction of the Sphenoidal Pole and of the Hippocampal Region in Two Hemispheres. BOUCHARD.
3. A Case of Hematic Cyst in the Brain. A. VIGOROUX AND M. LAIGNEL-LAVASTINE.

1. *Tuberculous Ventricular Ependymitis.*—The author says that few studies are more instructive than those of the nervous systems of patients subject to tuberculosis in any of its forms. To look at a brain tainted with meningitis or tuberculosis is interesting; but much more profit comes from study of the whole nervous system of tuberculous patients who, during life, have shown no marked nervous or cerebral symptoms. It is known concerning tuberculosis of nerve centers that it is there manifested in the form of tubercles or of tuberculous liquid; the bacillus reaches the centers through the meningeal vessels, and in the lumen around these vessels tuberculous granulations are developed which may affect vascular obliteration and consequent softening of surrounding regions. Aside from the direct lesions caused by the bacillus are those in which it takes part only indirectly, as scleroses of the medulla and brain. It has been shown that the tubercle causes, in the medulla, systematic fascicular scleroses, hyperplasias followed by necrosis and formation of cavities analogous to those of syringomyelia; and the lesions of the syringomelia are associated with those of tuberculous meningitis. Tuberculous poisons in the brain stimulate analogous neurological reactions, and to some of these attention is called by the author.

2. *Destruction of the Sphenoidal Pole and the Hippocampal Regions.*—At the autopsy of a patient who, during life, had shown mental trouble and who succumbed to meningeal hemorrhage, destruction of the temporal pole and the hippocampal region in both hemispheres was assigned as the cause. The alterations seemed to evidence loss of substance without traces of irritation, and may throw some light on questions of the relative functions of the hippocampal region. The patient was a soldier when he began to show mental trouble, especially weak-

ness of memory. He was never delirious, there was never disorder in ideas or acts or any hallucinations; he was always affable, polite and generous; had preserved a certain degree of moral conscience and honesty and liked to give advice. Loss of memory predominated; he instantly forgot what was said, remembered no names, and could not even find his own bed at night, or his place at table, although he always went regularly. Of his past life he remembered nothing except that he had been a soldier, which his bearing and speech confirmed. He spoke little and rarely, only when addressed, and could not reason. The sense of taste was intact and he showed preferences for certain things to eat. He could smell keenly, and sight and hearing were good. There was nothing abnormal in general sensibility. He was found one morning immovable and almost unconscious; the limbs were in resolution and reflexes were produced with difficulty. Pulse, 72, and respiration normal. He died the following day.

Autopsy.—Externally the skull presented no malformation. Upon incision of the dura mater on the right side, an effusion of dark, coagulated blood was discovered, which must have extended 8-9 cm. front and back, 6 cm. up and down, and been 1 cm. thick. The blood removed, no trace of false membranes was found or any ruptured vessels. The hemisphere was anemic and depressed in proportion to the quantity of blood lost. Raising the brain to remove it from the skull, a protuberance, which had every appearance of a cyst, was seen near the antero-inferior extremity of the left sphenoidal lobe. The tumor had a very thin, delicate wall and contained a liquid like pure water; but after the removal of the brain it was seen not to be a cyst, but the liquid of the third ventricle, the sphenoidal cornu of which was much dilated. The nerve substance had completely disappeared in this region. The top of the sphenoidal lobe, situated in front of the transverse line following the trunk at the bottom of the fissure of Sylvius, at the beginning, was destroyed, as was also the cornu Ammonis and the V temporal convolution of the hippocampus, the lesion of which extended as far as the isthmus where it involved a part of the gyrus fornicatus and the lingual lobule. The IV temporal convolution had disappeared to a less degree, while the lesion extended back to the fusiform lobe. A thin and transparent membrane, formed by the arachnoid, intimately united to the pia mater and the ependyma, constituted the wall of the ventricle in this region. Outside and in front, on this membrane, the nerve substance was cut off in short pieces.

On superficial examination the homologous parts on the opposite side seemed to have preserved their normal structure, but closer examination showed that the lesions were similar, only less advanced. The convolutions which formed the top of the sphenoidal lobe and of the fourth and fifth temporal convolutions remained only in their superficial parts; the wall of the ventricle, very much dilated, was formed of a delicate layer of gray matter corresponding to the most elevated parts of each convolution, and by a thin membrane near the fissures. The variable thickness of the wall thus atrophied and disorganized was hardly recognizable; the lateral ventricles preserved their normal dimensions in anterior and posterior prolongations. The internal side of the dilated ventricular region was united, smooth and woven with the ependyma; and especially on the left, the protuberance formed by the caudate nucleus was followed from the anterior end to the blunt point on the inferior, in the region of the fissure Sylvius.

The alterations in the temporal lobes were very interesting, and may be considered from two points of view, the anatomo-pathologic, which may lead to the determination of the nature and cause; and from the point of view of the symptoms to which they give rise. The question is not of a more or less deeply penetrating cavity, but of an extensive loss of substance comprising the ventricular mass and leaving only the meninges of the superficial convolutions, as instanced in the right sphenoidal lobe.

Although, according to Kundrat and Audry, the porencephalous cavity is usually single, it is sometimes double, oftenest symmetrically placed on the lateral hemispheres; and in proportion of 38 to 26 it occurs on the left, as in the present case. Porencephalitis usually develops in intrauterine life, rarely in early years. The patient under consideration was an exception, as the lesions were developed later, according to his history; the bony protuberance in the left sphenoidal fossa, where the alteration was most distinct, was also proof that the accident was of long standing but not of infancy, which would have caused injury of another sort. He had probably lived twenty-six years after the accident, and had grown better instead of worse, as is the case in porencephalitis. The fact that general sensibility and muscular control,as well as the senses of taste and smell, were normal in the patient, proves that the centers of their various manifestations must be elsewhere than in the hippocampal region, in the Rolandic, for instance, contrary to the suppositions of most physiologists.

3. *Cerebellar Hemiasynergie with Autopsy.—Hematic cyst in the right cerebellar hemisphere.*—The cyst was the remains of a former hemorrhage, found at autopsy fastened in the white substance of the right hemisphere, to which was added, as the immediate cause of death, a profuse hemorrhage retained in the cavity. The anatomo-clinical methods employed justify the following deductions. (1) The value of hemiasynergia for diagnosis of protuberant cerebellar lesions of the same side was first shown by Babinski. By this sign, in the actual case, the cause of the cerebellar syndrome was localized in the right side, and this topographical diagnosis was confirmed by the autopsy. Microscopical examination alone will ultimately determine whether the recent protuberant lesion does not hide an older lesion. Moreover, even in this very case, the anatomo-clinical observation, even if it does not show the cerebellar nature of the hemiasynergia, always shows its protuberant nature. (2) The existence of paradoxical reflexes before pain began and seemingly allied to the recent hemorrhage. This is a fact which must wait for confirmation, and the clinical value of which entirely escapes us.

JELLIFFE.

Revue Neurologique.

(1902. No. 4. February 28.)

1. Flaccid Paraplegia in a Case of Cervical Pachymeningitis. E. BRISSAUD AND MAURICE BRÉCY.
2. Remarks on Permanent Spasmodic Paraplegia through Medullary Tumor. RAYMOND AND R. CESTAN.

1. *Flaccid Paraplegia.*—There is brought forward a new fact concerning paraplegia, observed in the course of a tuberculous cervical pachymeningitis. There has been formerly presented a case of spasmodic paraplegia produced by compression of the dorsal medulla, equivalent to a section. The infallibility attributed to the law of Bastian by most neurologists is not recognized for the following reasons: "We do not dispute that complete and sudden section of the medulla, which produces certain traumatisms, induces paraplegia, always flaccid, with no reflexes and total loss of sensibility; but until more fully instructed, we consider as proved the fact that a slow pressure acting as a ligature with